



PTO/SB-01 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE  
This document contains information that is not to be disclosed unless it contains a valid OMB control number

# DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

☐ Declaration Submitted with Initial Filing  
OR  
☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.181e) required)

Attorney Docket Number 960296.97711

First Named Inventor Michael N. Gould

## COMPLETE IF KNOWN

Application Number 10/014,724

Filing Date November 7, 2001

Group Art Unit 3736

Examiner Name

As a below named inventor, I hereby declare that:

I am the sole inventor, or one of the joint inventors, of the invention claimed in the application, and the address and citizenship are as stated below next to my name.

I believe I am the original first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter herein claimed and for which a patent is sought on the invention entitled:

MONOTERPENES AND SESQUITERPENES AS CHEMOTHERAPEUTIC AND RADIATION  
SENSITIZERS AND IMMUNOMODULATORS

The following is a brief description of the invention:

The following is a brief description of the invention:

I hereby declare that I am the inventor, or one of the joint inventors, of the invention claimed in the application, and the address and citizenship are as stated below next to my name.

Application Number 10/014,724 and the date of the first prior application (if any) (if applicable)

I hereby declare that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by the amendment(s) specified, referred to above.

I understand the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which becomes available before the filing date of the prior application and the national or international filing date of the continuation-in-part application.

I hereby declare that I am not aware of any prior art (as defined in 37 CFR 1.56) which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which becomes available before the filing date of the prior application and the national or international filing date of the continuation-in-part application.

Foreign Application Number	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers and dates for a supplementary priority data sheet PTO/SB-02B attached hereto

(Page 1 of 1)

This form is to be filled out by the inventor, or one of the joint inventors, of the invention claimed in the application, and the address and citizenship are as stated below next to my name. This form is to be filled out by the inventor, or one of the joint inventors, of the invention claimed in the application, and the address and citizenship are as stated below next to my name. This form is to be filled out by the inventor, or one of the joint inventors, of the invention claimed in the application, and the address and citizenship are as stated below next to my name.

5146327.1 PDF

PTO/SB/21 (10-00)  
Approved for Use Through 10/31/2002 OMB 0651-0032  
U.S. Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE  
This form may be used as a Reduction in Fee form if the fee is reduced in accordance with 37 CFR 1.101(b)(1) and (2) and the fee is collected in full. Information on this form is not to be used for any other purpose unless it contains a valid OMB control number.

## DECLARATION — Utility or Design Patent Application

Direct correspondence to: ☒ Customer Number 27114 OR ☐ Correspondence address below

Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

I declare that the statements made on this form are true and that all statements made on information and belief are made on the basis of the best knowledge and belief of the inventor(s) and that such willful false statements may jeopardize the granting of a patent. I understand that willful false statements and the like are prohibited by law and that such willful false statements may jeopardize the granting of a patent.

NAME OF SOLE OR FIRST INVENTOR

☐ A petition has been filed for this unsigned inventor

Given Name: Michael N  
(If Applicable, (Last, First, Middle Initial))

Family Name: Gould  
or Surname

Inventor's Signature

Date

Residence, City

Madison

State

WI

Country

USA

Citizenship

USA

Mailing Address

13 South Blackhawk Avenue

Mailing Address

City

Madison

State

WI

ZIP

53705

Country

USA

NAME OF SECOND INVENTOR

☐ A petition has been filed for this unsigned inventor

Given Name: Steven P  
(If Applicable, (Last, First, Middle Initial))

Family Name: Howard  
or Surname

Inventor's Signature

Date

Residence, City

Madison

State

WI

Country

USA

Citizenship

USA

Mailing Address

5915 Seminole Court

Mailing Address

City

Madison

State

WI

ZIP

53711

Country

USA

☒ All inventors have been named on this declaration. Additional inventor(s) sheet(s) PTO SB/C2A attached hereto.

(Page 2 of 2)

5146327\_1.PDF

Print type and sign (if needed) above →

PTO/SB/02A (11-00)

Approved for use through 10/31/2002 GMB 0651-0032

U.S. Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE

Not for publication unless it contains a valid GPO control number

## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 3 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle, if any)		Family Name or Surname	
Deep ka		Rajesh	
Inventor's Signature <i>Suphalajesh</i>		Date 4-25-02	
Residence: City	Madison	State	W
Country	USA		
Citizenship	INDIA 4/25/02		
Mailing Address: 5413 Regent Street			
Mailing Address:			
City	Madison	State	W
ZIP	53705	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle, if any)		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
Country			
Citizenship			
Mailing Address:			
Mailing Address:			
City		State	
ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle, if any)		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
Country			
Citizenship			
Mailing Address:			
Mailing Address:			
City		State	
ZIP		Country	

Print name and sign (if needed) above. If you are a foreign inventor, you must also print your address in your home country. Any comments or corrections should be made on this sheet. If you are a foreign inventor, you must also print your address in your home country. Any comments or corrections should be made on this sheet. If you are a foreign inventor, you must also print your address in your home country. Any comments or corrections should be made on this sheet.

5146343 1.PDF

